

Freedom of Information Act (FOIA) Request

Requester Information

Prefix/Salutation:
 First Name: Ellis
 Middle Name/Initial: alance
 Last Name: Banks
 Suffix: Mr.

Street Address 1
 Street Address 2
 City

State/Province
 Zipcode/Postal Code
 Country

Company/Organization
 Name:
 Email address:
 Phone number:

Dept Of the Navy (OPNAV) PA/FOIA Policy Office
 Freedom Of Information/Privacy Act Request
 Date Received: 12/9/13 Statutory due date: 1/8/14
 DON PA/FOIA/consult Tracking Number: 2014F000286
 Acknowledgement date: _____

Requested Record Type:

Other Record Types

Clearly releasable information:

Description:

Naval School of Health Science Oakland, CA. and Great lakes, Ill.
 Hospitalman Courses

Requester Type:

All Others

Fees:

I am requesting a fee waiver. (must meet \$
 requirements to qualify for a fee waiver) see
requirements

Justification for fee waiver:

Assign This FOIA Request To:

ASN EIE (This field is currently available as a place holder for future
 enhancements.)

Assignment Due By:



Upload Response Files:

Request Status:

Assigned Processor: _____

Request Date: 09-Dec-2013

Request Status: Assigned

Closed Date: _____

Process Request